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## BIB DATA SHEET

CONFIRMATION NO. 1712

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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/DK05/00141 03/01/2005

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

DENMARK PA 2004 00343 03/01/2004

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

07/31/2007

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Verified and Acknowledged	/GINGER T CHAPMAN/ Examiner's Signature	Initials	DENMARK	15	31	2

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**TITLE**

Ostomy Appliance

<b>FILING FEE RECEIVED</b> 1580	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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